

CRITERIA FOR PRIOR AUTHORIZATION

Sulfonylurea/ Thiazolidinedione Combination Step Therapy

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Glimepiride/rosiglitazone (Avandaryl®)

CRITERIA FOR PRIOR AUTHORIZATION APPROVAL (must meet all of the following):

- Patient must have a trial of concurrent use of glimepiride and rosiglitazone as individual agents for at least 90 consecutive days in the past 120 days

LENGTH OF APPROVAL: 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE